

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/17/2013  
FORM APPROVED  
OMB NO. 0938-0391

45th 8/30/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445473	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  07/16/2013
NAME OF PROVIDER OR SUPPLIER  JEFFERSON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 356 SS=D	<p><b>483.30(e) POSTED NURSE STAFFING INFORMATION</b></p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post accurate nurse staffing information as required.</p>	F 356	<p>Nurse staffing information for each day will be posted at the beginning of day shift. This will be done by the Assistant Director of Nursing Monday through Friday and by the Weekend Supervisor on Saturday and Sunday. The importance of meeting this requirement will be addressed with those responsible for posting through a meeting with the Administrator.</p> <p>This requirement and corrective action will be discussed in the facility's Quality Assurance Performance Improvement meeting which will be held on Friday, July 26, 2013. The corrective action will be monitored by the Administrator and Director of Nursing each day</p>	08/23/2013	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Roge L. Mynatt

Administrator

7/31/13

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 356	Continued From page 1  The findings included:  Observation on July 14, 2013, at 9:10 a.m., at the front entrance/100 hall nurse's station, revealed the staffing information posted did not accurately reflect nursing staff on duty for that date. The staffing information posted reflected staff scheduled for July 13, 2013, and had not been updated to reflect current nursing staff in the facility on July 14, 2013.  Interview with RN #1 at the time of the observation on July 14, 2013, confirmed the staffing information did not reflect the current nursing staff present; and confirmed the facility failed to post accurate staffing.	F 356			
F 371 SS=F	<b>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</b>  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide sanitary storage of food and equipment.  The findings included:	F 371	Food and equipment will be stored and maintained under sanitary conditions. As part of compliance with this requirement, the following practices will be maintained: Employee drinks and food will not be stored in coolers designated for resident food; Sweet potato puree will be covered, sealed and dated; Flavorings and spices will be covered and dated when opened; Containers of pudding and desserts in cooler will be covered and dated; Supplements stored in the cooler will be covered and dated; seasoning sauces will be covered, dated and stored properly; milk will be covered, dated and stored properly; saute pans will be air dried before being placed on wire rack shelving; dented cans will be returned promptly to food vendor and not available for use in (continued on next page)	08/23/2013	

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F 371	Continued From page 2  Observation of the dietary department on July 14, 2013, from 8:00 a.m. until 9:45 a.m., revealed: 1. Employee 20 ounce sports drink open in the reach in cooler; 2. Sweet potato puree in reach in cooler not sealed with foil or plastic wrap, available for use; 3. 16 ounce bottle coconut flavor on the shelf undated and open, available for use; 4. Multiple single serve containers of pudding and desserts in reach in cooler were uncovered and undated, available for use; 5. Employees sports drinks and fruit stored in reach in cooler; 6. 32 ounce almond flavored supplement open and undated in the reach in cooler, available for use; 7. 16 ounce bottle of Lemon extract open and undated on the shelf, available for use; 8. 32 ounce bottle of seasoning sauce open and undated on the shelf, available for use; 9. One gallon of milk open and undated in walk in cooler, available for use; 10. Three of eight sauté pans stored wet on wire rack shelving, available for use; 11. Six pound can of Mandarin Oranges dented on shelf, available for use; 12. One gallon of vegetable oil open and undated under the prep table, available for use; 13. Nine muffin pans stored with food debris on them, available for use; 14. Dirty sauté pan with food debris in bottom on puree prep table, available for use; 15. Ten water pitchers stored wet on a wire shelf, available for use; 16. Ice scoop stored in box at ice machine and not in a covered bag or container; 17. 16 ounce container of seasoning salt open	F 371	(continued from previous page) dry storage; vegetable oil will be covered, dated and stored properly; muffin pans observed during the survey have been disposed of; future muffin pans will be cleaned and dried prior to being stored; sauté pans will be cleaned and dried prior to storage for use; water pitches will be air dried before being placed on wire shelf; ice scoop will be covered and stored when not in use; seasoning salt will be covered and dated when opened; knives will be cleaned and air dried prior to being stored and available for use; shelves of food prep table will be kept clean and free of dust; empty food delivery boxes will be removed from department; frozen meat will be thawed on the bottom rack of the cooler with no foods below it; and food and paper products on the floor of the dietary manager's office will be relocated at an appropriate storage location. Any and all food items observed out of compliance were immediately disposed of.  To identify potential additional areas of non-compliance, the Consultant Dietitian and Dietary Manager will conduct a kitchen inspection to ensure additional compliance with the requirement that food and equipment must be maintained under sanitary conditions.  Systemic changes to prevent recurrence include the Dietary Manager conducting an in-service with Dietary employees regarding food sanitation requirements.  (continued on next page)		

Rogers L. Myrland, Administrator 7/31/13

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F 371	<p>Continued From page 3</p> <p>and undated on the self, available for use; 18. Knives stored in sauté pan with a sticky substance on the bottom with food debris, available for use; 19. Top two shelves of food prep table covered in food debris and dust; 20. Empty food delivery boxes stored on floor and stacked against the wall in the food prep area of the kitchen; 21. Thawing frozen meat on the middle rack of the cooler above other foods items.</p> <p>Interview with the dietary cook and dietary manager on July 14, 2013, at 10:00 a.m., in the dietary department, confirmed the employees personal belongings are not to be stored in the kitchen coolers, sweet potato puree was not properly covered and sealed, all open food items were to be dated when opened and put into use, sauté pans were stored wet on the wire rack, dented cans were not to be in dry storage and available for use, nine muffin pans were stored with food debris on them, water pitchers were stored wet and not dried properly before storage, the ice cream scoop was not stored properly, knives were stored in a dirty sauté pan, the food prep table was dirty and needed to be cleaned, empty food boxes were not to be stored on the floor, and thawing meat should be stored on the bottom rack in the cooler not above other food items.</p> <p>Continued observation of the dietary department on July 15, 2013, from 9:00 a.m. to 9:30 a.m., revealed:</p> <p>1. Food and paper products stored on the floor of the dietary manager's office.</p>	F 371	<p>(continued from previous page)</p> <p>The Dietary Manager and Assistant Manager will conduct daily checks of coolers, storage rooms and work areas for compliance with food sanitation requirements. This requirement and corrective action will be discussed in the facility's Quality Assurance Improvement meeting which will be held on Friday July 26, 2013.</p> <p>The corrective action will be monitored by the Consultant Dietitian and Administrator through periodic walk-throughs.</p>		

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F 371	Continued From page 4	F 371			
F 372 SS=D	<p>Interview with the dietary manager on July 15, 2013, at 9:30 a.m., in the dietary department, food and paper products were not to be stored on the floor of the office.</p> <p>483.35(i)(3) DISPOSE GARBAGE &amp; REFUSE PROPERLY</p> <p>The facility must dispose of garbage and refuse properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to dispose of garbage and refuse properly to maintain sanitary conditions.</p> <p>The findings included:</p> <p>Observation of the garbage dumpster on June 15, 2013, from 9:15 a.m. until 9:30 a.m., revealed the garbage dumpster had a broken lid with a dented and broken top on the dumpster.</p> <p>Interview with the dietary manager on June 15, 2013, at 9:30 a.m., at the dumpsters, confirmed the dumpster had a broken lid with a dented and broken top to the dumpster.</p>	F 372	<p>The facility dumpster with a broken lid and a dented and broken top was removed from the facility and replaced. All other dumpsters were inspected for the same non-compliant issues. This requirement and corrective action will be discussed in the facility's Quality Assurance Performance Improvement meeting which will be held on Friday, July 26, 2013.</p> <p>The dumpster will be monitored on a weekly basis by the Maintenance Director. The dumpster will be inspected by the Administrator on a routine basis.</p>	08/23/2013	